



TRANSMITTAL FORM

(to be used for all correspondence after initial
filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/937,772
		Filing Date	09/27/01
		First Named Inventor	Barry, C. Marvin
		Group Art Unit	1746
		Examiner Name	Stinson, Frankie L.
Total Number of Pages in this Submission	10	Attorney Docket Number	CDM/7708.9999

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Substitute Section of Non-Compliant Amendment	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Copy of Notice of Non-Compliant Amendment	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosures (identify below)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	Pages 2, 3, 4 (revised page), 5, 6, 7 and 8 of claims in Amendment submitted March 10, 2004; return acknowledgment postcard
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of Cd(s)	
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Charles D. McClung
Signature	
Date	April 15, 2004

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Type or print name	Charles D. McClung		
Signature		Date	April 15, 2004